

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	X					
2	X					
3	I					
4		I				
5		I				
6		I				
7			X			
8			X			
9			X			
10			X			
11	I					
12	I					
13			X			
14			X			
15	I					
16			X			
17			X			
18			X			
19			X			
20	I					
21	I					
22			X			
23	X		X			
24	I					
25			X			
26			X			
27			X			
28			X			
29	I					
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44						
45						
46						
47						
48						
49						
50						
TOTAL IND.	9					
TOTAL DEP.	3					
TOTAL CLAIMS	12					

	CLAIMS					
	IND	DEP	IND	DEP	IND	DEP
51						
52						
53						
54						
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						